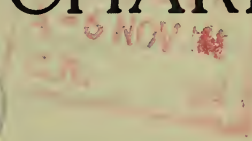


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BOROUGH of CHARD



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# Annual Report

OF THE

# Medical Officer of Health

for the Year ended 31st December, 1960

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## **PUBLIC HEALTH OFFICERS:**

Medical Officer of Health:

A. M. McCALL, V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Public Health Inspector:

D. H. TILL, D.S.C., M.R.S.H., M.A.P.H.I.

## **HEALTH VISITORS:**

E. G. Major, S.R.N., S.C.M., H.V.  
G. E. Slocombe, S.R.N., S.C.M., H.V.  
J. D. Ralston, S.R.N., R.F.N., S.C.M.

O. J. M. Pitt, S.R.N., S.C.M., H.V.  
D. M. Young, S.R.N., S.C.M., H.V.

Health Department,  
16, Church Street,  
Crewkerne,  
Somerset.

Tel. No. Crewkerne 419.

# Annual Report of the MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Chard.

Mr. Mayor and Gentlemen,

I beg to submit my report for 1960.

It proved to be a healthy year for Chard.

This year I have taken the opportunity of stressing the great variety of work carried out by our district nurse/health visitors. These services provided by the local health authority benefit the majority of the townspeople. These and other services provided by the County Council should be borne in mind when we consider the County's proportion of our rate.

Once again in Section D, I record the impressive record of work carried out by Mr. Till during the year. I am most grateful to him for his help.

I am, Mr. Mayor and Councillors,

Your obedient Servant,

A. M. McCALL,

Medical Officer of Health.

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## SECTION A.

### Statistics and Social Conditions of the Area. Population.

The Registrar General gives the estimated mid-year population for 1960 as 5,540, which is less than last year. However, this is, as stated, an estimated figure and it is now known that the Census held early in 1961 showed an increase of more than 300 over the Registrar's estimate. The population density is 5.3 persons per acre.

#### Birth Rate.

The corrected Birth Rate for the year was 15.9 per thousand, slightly below the national figure of 17.1. There was one illegitimate birth.

#### Death Rate.

The corrected Death Rate for the year was 9.7 per thousand, well below the national figure of 11.5.

Heart disease caused twenty deaths and a further eleven were caused by vascular lesions of the nervous system. There were eleven deaths from cancer, three due to lung

cancer in men. Other chest complaints accounted for a further six deaths. The unusually large number of seventeen deaths were due to ill-defined causes. The females proved particularly difficult to diagnose and accounted for thirteen of this number. Full details are shown in Appendix A, Table 3.

#### Maternal Mortality.

There were no maternal deaths in 1960.

#### Stillbirths.

This figure refers to children born after the twenty-eighth week of pregnancy which do not breathe or show other signs of life. There was only one case.

#### Infant Mortality

Two infants died in 1960 in Chard. Both were immature, one dying directly from this cause and the other from broncho-pneumonia three weeks after birth.

#### Social Services.

The social services remained unchanged in 1960. The social conditions in Chard are generally satisfactory.

## SECTION B.

### General Provision of Health Services in the Area.

There were no new services provided in 1960.

#### Care of Mothers and Young Children.

From the earliest times man has realized that the development and delivery of an infant are not without their risks. The Ancient Greeks who had a not inconsiderable knowledge of rational medicine, recognized that there were many complications capable of disturbing these delicate processes and that if these had occurred there was often little that could be done to ensure normal birth. It was for these reasons that the assistance of the Gods was invoked as an additional aid to the skill of those in attendance on the mother-to-be.

Today, in civilised communities, childbirth has lost its shroud of mysticism. Expectant mothers, thanks to close medical attention, dietary supplements and carefully graded exercises, approach delivery in a fitter state than ever before, with every chance of experiencing an uneventful labour and producing a healthy child.

#### Antenatal Clinic.

The antenatal clinic is held once a month at which Dr. Elliott is in attendance. Samples of blood from each mother are sent to the laboratory at Taunton for Wasserman and Khan tests, haemoglobin estimation, Th reaction and grouping. The group to which the blood belongs is obviously important if a transfusion is needed during or after delivery. It is interesting to note that a French physician first attempted a transfusion in 1666 using the blood of a lamb with disastrous results to the patient. More than 200 years later, in the 1870s the use of lambs' blood was still being advocated for transfusion purposes, and even whole milk was not without its supporters. Not until Landsteiner's discovery of blood groups in 1900 were previous failures explained and a more scientific approach to the problem made possible.

Mothers are encouraged to attend the separate relaxation classes organised by the nurses. At these classes the mothers are taught the physiology and the mechanics of childbirth and the art of relaxation. They are then able to approach their labour secure in the knowledge that they have had a sound preparation for this important event.

#### Domiciliary Midwifery.

The district nurses attend all home confinements with a pupil midwife. They have been training pupils continuously now for ten years. The private practitioner is sometimes

present but not in every case. The district nurses carry out antenatal examinations with private practitioners in some cases, in others they make these routine visits with the pupil. During their visits the district nurses spend a great deal of time instructing mothers how best to prepare for the coming event. They also inform the young mothers about all the available services and grants.

#### Hospital Confinement.

All cases needing hospital confinement are admitted to maternity units in Taunton or Wellington.

#### Infant Welfare Clinic.

These clinics are held every first and third Tuesday afternoon. In recent years there has been a gradual change in the nature of child welfare clinics. The National Health Act makes the family doctor available for free consultation. The increasing affect of health education and the general higher standard of education of the population produce a more enlightened young mother and her problems are fewer. She therefore tends to use the clinic more for preventative procedures such as vaccination and immunisation and less for consultation. However, during her frequent visits to the clinic she often seeks and receives advice while the child is being inoculated. Attendance at the clinic for injections brings in the mother who might never have used the clinic at all and, having discovered the facilities available, she frequently continues to attend.

Details of attendance are shown in Appendix B, Table 1.

#### Health Visiting.

The district nurses are also qualified and act as the health visitors for the town. While they realise that their primary function is to visit for the purposes of health education and social advice, they at times find that they get behind with their schedule of visits due to other work which takes up very much of their time.

The tuberculosis health visiting continued to be carried out by Mrs. Pitt, who also attends the Chest Clinic when the physician holds his outpatient sessions.

#### Home Nursing.

This work is done by the district nurses.

This heading covers a whole series of activities not strictly nursing. These include obtaining and helping to complete various forms, collecting prescriptions from private doctors, delivering the medicines, arranging for home helps, ambulance conveyance, and the boarding out of children during mothers' illness or absence.

The actual nurses' duties may be general or specialised and include bed bathing, in-



jections, dressings, enemas, catheterizations, etc. They advise relatives as to the nature of the illness and give advice on diet and the medicine ordered by the doctor. All this work was carried out with unfailing good humour and kindness. Nevertheless, it is time-consuming and it may be that some of the routine bathing and washing could be undertaken by less fully trained staff, even by Red Cross or St. John Ambulance personnel who might, in this way, obtain practical knowledge of home nursing.

The routine work the nurses do involves a good deal of clerical work in recording and reporting. This they have to do in the evening after normal working hours, and is a considerable burden on them.

#### Immunisation.

The demand for vaccination against poliomyelitis continued throughout the year. English vaccine was available all the time. Public sessions were held at the Clinic and details can be found in Appendix B, Table 3.

The pressure of work from poliomyelitis vaccinations inevitably curtailed the anti-diphtheria and other programmes. A course of primary immunisation with triple vaccine for protection against diphtheria, whooping cough and tetanus was given to 81 children, mainly under one year of age, but only 6 re-inforcing injections were given.

#### Vaccination

Thirty-two primary and five re-vaccinations were carried out in 1960. When it is remembered that a total of 88 live births occurred during the same period, the acceptance rate cannot be considered very satisfactory.

#### Home Help Service.

The Home Help Service was again available in the town but it is limited by the availability of suitable women to do the work. They naturally have to be carefully selected as the service is jealous of its reputation for hard, efficient work, together with kindness and consideration for those whose temporary difficulties they are helping to overcome. The area organiser is in Taunton and she dealt with all applications.

#### School Medical Service.

I visited each school in the town during the year and carried out a full medical inspection and caught up all the arrears of 1959. Details are shown in Appendix B, Table 2.

The success of the School Health Service and the school medical inspection in particular, depends on the co-operation of the head teacher and staff of each school with the area medical officer. Without the interest of the teachers and their help with records and

background information much would be lost. I am most fortunate in Chard and am received with unfailing courtesy in the schools. This makes a sometimes tiring routine job far less difficult. I am grateful to the Head Teachers and staff for the assistance they give me in this aspect of my work.

With the building of the new secondary modern school, the primary school moved into the refurbished old secondary modern buildings. The infant accommodation remained unchanged. All the children are well housed and the secondary modern school occupies a fine position near the centre of the town where the facilities for work and play are of a high standard.

The standard of health of the schoolchildren is good and few defects were discovered at the inspections.

#### Speech Therapy.

Miss Kenyon attended weekly at the clinic on Fridays and children made 224 attendances at 42 sessions in 1960.

#### School Dental Service.

Mrs. Walker continued as part-time dental surgeon at the Chard Clinic and in addition visited the schools to carry out inspections on the premises. Those in need of treatment were seen at a later date in the Clinic surgery.

#### Deprived Children.

In July, the County Council opened a specially designed and newly built house in Auckland Way for seven deprived children and appointed Mrs. French as house mother. This is the first home of this kind we have had in Chard and I have watched its development with interest. The children are extremely happy and enter into the life of their schools and town in a normal way.

#### Orthopaedic Service.

The orthopaedic clinic was held regularly once per month and all cases were seen by the orthopaedic sister, Miss Read. At regular intervals they are referred back to the orthopaedic surgeon who assesses progress and future treatment.

#### Ophthalmic Service.

I carry out routine eye testing in the schools during the annual medical inspection. This includes simple refraction and inspection of glasses and checking to see that the County Oculist's instructions are being carried out. Children are referred to opticians or the County Oculist, as necessary.

#### Epileptics.

This distressing illness among school children calls for special consideration and careful handling. All are first seen by a specialist and treatment is prescribed. This is usually

so effective as to allow the children to continue to attend the ordinary school. These children are seen at every school medical inspection and more frequently by the specialist either at Taunton or Yeovil. In some cases the attacks are such as to render normal schooling impractical and frequently a home tutor is provided at County expense. In a few severe cases the County Council arrange for the child to be admitted to Chalfont Colony.

#### Spastics.

Drugs are of little value except in controlling fits but in the absence of gross mental deficiency much may often be accomplished by assiduous training. The services offered in the area follow these lines. In infancy physiotherapy to prevent contractures and later active movements are encouraged. Surgical intervention is used in those cases when the child's intelligence will enable him to benefit from such treatment. The educational side is not forgotten. If possible the child attends the ordinary school; in other cases home tuition or attendance at a special school is arranged.

#### Blind Persons.

The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are eight registered blind persons resident in the area. Prior to admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

#### Ambulance Service.

The Somerset County Council provide this service and in 1960 Chard was satisfactorily covered. A modern fleet of ambulances is available and all are in radio communication with the area comptroller. From 7 p.m. to 7 a.m. on Sundays, the St. John Ambulance Brigade continued to give an ambulance service to Chard and district.

#### Mental Health Services.

These services are administered by the County Council through their Mental Health Sub-Committee. During the year the service enlarged its scope and the new proposals were accepted by the Ministry.

#### National Assistance Act.

No action, statutory or otherwise, was necessary in dealing with old people in 1960. There is no doubt that since the Chard Old People's Welfare Committee has been active in the town the number of times I have been called upon to act in my official capacity has fallen sharply.

#### Care of the Aged.

In addition to the good work of the Chard Old People's Welfare Committee, the Council continued to provide special units of housing accommodation for old people and 38 were completed in the year. There are still 80 applicants for this type of housing.

#### Disabled Persons.

The Disabled Club, described in detail last year continued its excellent work under the direction of Mrs. Howard Rogers and Mrs. Glanvill.

#### Health Education.

The Council support the Central Council for Health Education and make use of their excellent posters and leaflets.

Various organisations make requests for the nurses or myself to speak to them on various aspects of preventative medicine. These opportunities are always accepted. These talks are invariably well received.

### SECTION C.

#### Prevention and Control over Infectious Disease and Other Diseases.

There were few infectious diseases notified to me during 1960. However, it will be seen that there were five cases of pulmonary tuberculosis and it might be regarded as a little alarming if it was not known that three of these cases were transfers into the district from outside.

The considerable immunisation campaign carried out during the year is reported in Section B of this report. It shows that the preventative idea is paramount in the minds of this county and town.

The B.C.G. programme in 1960 was carried out in February and March and vaccination against tuberculosis was offered to all children born in 1946 and all who had been missed in previous years. I am pleased to say that the practice of X-raying all positive reactors to the skin test has been re-introduced. It will be recalled that in my last report I pointed out that it was from this group that the largest number of new cases occurred when the young people were in their late teens. They should be encouraged to attend for chest X-ray annually, or as often as the Mass X-Ray Unit visits the area.

The Mass X-Ray Unit made two visits to the town during the year. In April it held public sessions at the Clinic and 1,185 attended. One hundred and eighty-three persons were recalled for large films, two of whom were known cases of tuberculosis under hospital supervision. In twelve cases there was some significant finding. Details are shown in Appendix C, Table 2.

The Unit returned in July to visit the firm



of Brecknell, Willis & Co., Ltd., following the discovery of a case of tuberculosis there. One hundred and nineteen workpeople were X-rayed. No cases of tuberculosis were discovered, although one person was found to have a non-tuberculous lung disease.

## SECTION D.

### Environmental Health Services.

#### A. Sanitary Circumstances.

##### Climatic Conditions.

The total rainfall for 1960 was 58.99 inches. It was a very wet and disappointing year after the excellent weather in 1959. The autumn rains were persistent and heavy and the West Country was flooded on several occasions between September and Christmas. Chard was fortunate and no serious flooding of houses occurred.

##### Water Supply.

The water supply of the town comes mainly from two shallow wells—Well A, forming a high pressure system supplemented by water from the bore, and Well B, forming a low pressure system. In addition water is purchased from the Chard Rural District Council at Crimchard. The total annual consumption was 52,000,000 gallons consumed via the high pressure system, 40,000,000 gallons consumed via the low pressure system and 7,000,000 gallons purchased from the Chard R.D.C.

There was no shortage at any time during the year and the quality was satisfactory on all occasions after chlorination. Details will be found in Appendix D, Table 1.

During the year part of Old Town and Mill Lane were transferred to the high pressure system and the only future changes envisaged is the likelihood of the water undertaking being merged into the proposed Wessex Water Board.

##### Sewage Disposal.

The sewage disposal works continued to work in a satisfactory manner.

I reported last year that efforts were to be made to exclude surface water from the system and, in fact, some 300,000 gallons per day of surface water infiltrating to the sewer at Crowshute were diverted to a surface water sewer. Further work to exclude surface water from the sewerage system will be undertaken and the sewer extended at the western end of Forton Road in order to take the drainage from the Grange Park Estate.

##### Public Cleansing and Refuse Collection.

Weekly refuse collection is carried out by direct labour, one vehicle being used for the work. Certain business premises are given

additional collections for which a charge is made.

As I reported last year, the present refuse tip is unsatisfactory. Mr. Till inherited it when it was completely out of hand and it has been a source of worry to him since he came to Chard. The Council have been making strenuous efforts to obtain another site for controlled tipping and some 15 were investigated. Planning permission was sought for two but without success. However, it is now hoped that the search will be successful and all details settled in 1961.

##### Rodent Destruction.

One part-time rodent operator is employed in conjunction with Crewkerne and Ilminster Urban District Councils. The operator spends two weeks in each month in Chard. During the year he investigated 70 complaints and treatments were carried out at 6 Corporation, 21 business and 208 domestic premises involving the operator in 1,526 visits.

##### Swimming Bath.

The only swimming bath in the town for public use is privately owned and at Chard School. Chlorination is by hand. Sampling is carried out by the Somerset County Council.

##### Smoke Abatement.

The general public are advised to instal approved appliances which do not emit smoke and these are coming into more general use. Nevertheless domestic fires are the chief cause of smoke in the town. The standard of smoke emission from industrial premises was generally satisfactory in 1960. No complaints were received and no action was taken.

#### B. Factories Act.

The Public Health Inspector carried out 16 inspections of factories during the year, including 4 relating to means of escape in case of fire, and details are shown in Appendix D, Table 2. Four informal notices were served.

#### C. Housing.

In Appendix D, Table 3, I have given details of the housing situation in the town. The Council continued to encourage applications for Standard and Discretionary Grants to improve houses. Twenty-seven Standard and seven Discretionary Grant applications were received and all were approved.

There are still a large number of persons on our housing application list and during 1961 the Council hope to build approximately 80 new houses, 24 of which are intended for slum clearance purposes.

##### Slum Clearance.

The Public Health Inspector made 189 visits to sub-standard property in connection with

housing survey work and the Council slum clearance programme.

The Standard Improvement Grants are providing an incentive to owners to bring houses up to standard but a great amount of work remains to be done throughout the Borough in order to bring property up to the standard laid down by Section 4 of the Housing Act, 1957. It is interesting to note that of the houses given a provisional life of five years in December, 1955, twenty-two have still to be dealt with and it is hoped to bring them before the Public Health Committee early in 1961.

#### Public Health Nuisances.

One hundred complaints were received and attended to during the year.

One statutory and twenty informal notices were served on account of public health nuisance. Thirteen disinfestations were carried out for fly infested premises. In addition, the Public Health Inspector made numerous visits in connection with drainage and refuse matters and the total number of visits for all purposes was 1,974.

#### D. Inspection and Supervision of Food.

##### Milk.

There are three registered distributors and two dairy premises in the town. The Public Health Inspector sampled pasteurised milk on 28 occasions and all samples were satisfactory.

##### Ice Cream.

There is one manufacturer of ice cream and 19 premises are registered for the retail of the pre-packed product. Of the twenty samples taken, nineteen were in Grade 1 and one in Grade 2. Both grades are regarded as satisfactory.

##### Meat.

There are two licensed private slaughter houses in the town. One is small and attached to a butcher's shop but the second is a large

abattoir where slaughtering goes on seven days a week and export is chiefly to London, usually on the same day as slaughter. One hundred per cent. meat inspection is given but it involved 616 visits and the Public Health Inspector had to be at the abattoir from 2—6 p.m. every weekday and from 11 a.m.—1 p.m. and from 6 p.m.—8 p.m. on Saturdays and again from 11 a.m.—1 p.m. on Sundays. The only relief the Council give him is one week-end in three and holiday relief. There is no doubt that this heavy burden of work could be considerably eased if the law governing the hours of slaughtering and the period a carcass could be retained in the slaughter house after killing, were amended. This improvement could be effected without cost to the Council if the Government were so minded.

What is particularly irritating to the Public Health Committee is the fact that, although the Public Health Inspector spends hours on ensuring 100 per cent. meat inspection in Chard, a considerable quantity of meat is imported into the town from areas where it is not inspected at all post mortem and our aim is defeated in this way. One of the chief sources of such meat is Ilminster and the Council were negotiating at the end of the year with the Ilminster Urban District Council to appoint a joint food inspector.

Constant efforts were made throughout the year to improve slaughtering hygiene, particularly at the abattoir, and extensive improvements were carried out.

#### Food Premises in General.

Seventy-four inspections were made to the various food premises and the co-operation of owners was sought on all occasions. Informal action only was necessary in two cases before shops were brought up to standard.

There are twenty-seven premises registered under Section 16 of the Food and Drugs Act, 1955. Twenty are ice cream shops and seven sell manufactured meat products.

## APPENDIX A—TABLE 1

Registrar General's estimate of population mid 1960 .....	5,540
Number of inhabited houses at the end of 1960 according to the Rate Book .....	1,904
Rateable Value .....	£74,318
Sum represented by a penny rate .....	£330
Area .....	1,030 acres

# APPENDIX A—TABLE 2

BIRTH RATE: 15.9.

Comparability Factor 1.00.

		M	F
Live Births:	Total .....	48	40
	Legitimate .....	47	40
	Illegitimate .....	1	—
Still Births:	Total .....	—	1
	Legitimate .....	—	1
	Illegitimate .....	—	—
Deaths of Infants under 1 year:	Total .....	—	2
	Legitimate .....	—	2
	Illegitimate .....	—	—
Deaths of Infants under 4 weeks:	Total .....	—	2
	Legitimate .....	—	2
	Illegitimate .....	—	—
Deaths of Infants under 1 week:	Total .....	—	1
	Legitimate .....	—	1
	Illegitimate .....	—	—

# APPENDIX A—TABLE 3

DEATH RATE: 9.7.

Comparability Factor 0.78

Causes of Death:

	M	F	Total
Heart:			
Coronary Disease .....	7	8	15
Other heart disease .....	3	2	5
Circulation:			
Vascular lesions of nervous system .....	4	7	11
Other circulatory disease .....	—	—	—
Cancer of:			
Stomach .....	—	2	2
Lung .....	3	—	3
Breast .....	—	1	1
Uterus .....	—	—	—
Other Sites .....	2	3	5
Lungs:			
Tuberculosis .....	—	—	—
Influenza .....	—	—	—
Pneumonia .....	2	—	2
Bronchitis .....	2	1	3
Other diseases of respiratory system .....	1	—	1
Diabetes .....	—	—	—
Nephritis .....	—	—	—
Hypoplasia of prostate .....	2	—	2
Syphilitic disease .....	—	—	—
Congenital malformations .....	—	—	—
Duodenal Ulcer .....	—	—	—
Other ill-defined diseases .....	4	13	17
Motor vehicle accidents .....	1	—	1
Accidents other than motor vehicle .....	—	—	—
Suicide .....	—	1	1



# APPENDIX B—TABLE 1

## CHARD CHILD WELFARE CLINIC

Statistics for the twelve months ended 31st December, 1960.

1. No. of openings .....	23
2. No. of medical consultations .....	222
3. No. of children who attended in 1960	
(a) Born in 1960 .....	47
(b) Born in 1959 .....	48
(c) Born in 1955-58 .....	44
(d) Attended for the first time .....	64
4. Total attendances by children during 1960	
(a) Under 1 yr. ....	484
(b) 1—2 yrs. ....	227
(c) 2—5 yrs. ....	91

# APPENDIX B—TABLE 2.

Name of School	No. on Roll	No. Inspected	Date of Inspection	Children having Milk	Children having Dinner	Diphtheria Immunisation
Chard Infants	174	104	30/31.1.61 2.2.61	97.70%	62.32%	76
Chard Junior	314	124	23/24/25. 11.60	84.39%	54.14%	
Chard Secondary Modern	448	165	25/26/27. 5.60	66.74%	55.80%	

# APPENDIX B—TABLE 3

## Poliomyelitis Vaccination

Children born 1943—1960	Young persons born 1933—1942	Persons under 40 years of age	Persons over 40 years and Priority groups	No. of persons (all groups) who received a third (reinforcing) injection
87	23	198	9	858

# APPENDIX C—TABLE 1

## Infectious and Other Notifiable Diseases.

Measles .....	5
Scarlet Fever .....	1
Whooping Cough .....	1
Pulmonary Tuberculosis .....	5

## Analysis of Cases Notified.

	Under										
	1yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65 65+
Measles				1	1		2	1			
Whooping Cough						1					
Scarlet Fever						1					

## Tuberculosis

Age Group	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M	F	M	F	M	F	M	F
-1 ...								
1-5 ...								
5-15 ...								
15-25 ...	1	2						
25-35 ...	1	1						
35-45 ...								
45-55 ..								
55-65 ...								
65+ ...								
Age Unknown	2	3	—	—	—	—	—	—

# APPENDIX C—TABLE 2

Report of Survey at The Health Centre, Chard, 11th—14th April, 1960.

## Mass Radiography Survey.

	Male	Female	Total
Miniature Films .....	634	551	1185
Large Films			
Total Recalled .....	8	10	18
Did not attend .....	1	—	1
Normal .....	2	3	5
Significant .....	5	7	12
Being investigated .....	—	—	—

### Analysis of Tuberculous Cases.

Active Tuberculosis—Close Clinical Supervision		Under					60 & Over	Total	
		15	15/24	25/34	35/44	45/59			
Male .....								—	
Female .....								—	
Total .....								—	
Under Observation—Occasional Outpatient Supervision									
Male .....						2		2	
Female .....								—	
Total .....								2	
Inactive Tuberculosis									
Male .....								—	
Female .....								—	
Total .....								—	
Non-Tuberculous Cases							Male	Female	Total
Abnormality of the Bony Thorax .....							—	2	2
Acquired Cardiac Lesion .....							—	2	2
Benign Tumour .....							2	2	4
Bronchiectasis .....							—	1	1
Pulmonary Fibrosis .....							1	—	1
							3	7	10

### APPENDIX C—TABLE 2

Report of Survey at Brecknell, Willis & Co., Ltd., 1st July, 1960.

#### Mass Radiography Survey.

	Male	Female	Total
Miniature Films .....	111	8	119
Large Films			
Total Recalled .....	1	—	1
Did not attend .....	—	—	—
Normal .....	—	—	—
Significant .....	1	—	1
Being investigated .....	—	—	—

### Analysis of Tuberculous Cases.

Active Tuberculosis—Close Clinical Supervision		Under					60 & Over	Total
		15	15/24	25/34	35/44	45/59		
Male .....								—
Female .....								—
Total .....								—
Under Observation—Occasional Outpatient Supervision								
Male .....								—
Female .....								—
Total .....								—
Inactive Tuberculosis								
Male .....								—
Female .....								—
Total .....								—
Non-Tuberculous Cases				Male		Female		Total
Bronchiectasis .....				1		—		1
				<hr/>		<hr/>		
				Total		1		1



# APPENDIX D—TABLE 1

## Water Supplies

Piped Supplies—results of samples taken for analysis:

Raw Water				Treated after going into supply			
Bacteriological		Chemical		Bacteriological		Chemical	
Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
3	1	3	—	28	—	—	—

Water Supplies from Public Mains:

Direct to the Houses				By means of Standpipes		
No. of Dwellings	Public	Water Companies	Private	Public	Water Companies	Private
	1857	—	—	14	—	—

# APPENDIX D—TABLE 2.

Factories Acts, 1937 — 1959.

Premises	No. on Register	No. of Inspec- tions	No. of Written Notices	No. of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authority ... ..	1	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	52	16	4	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Ex- cluding out-workers' premises) . .	—	—	—	—
Total .....	53	16	4	—

Cases in which defects were found ..... 4

Cases in which defects found were  
remedied ..... 3

## Outworkers.

No. of outworkers in August List  
required by Section 110 ..... 20

# APPENDIX D—TABLE 3

## Housing.

### Action taken during year.

1. No. of houses included in Clearance Areas for which Orders are still to be made .....	3
2. No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957 .....	Nil
3. No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas) .....	11
4. No. of houses demolished or closed (a) under Section 17 of the Housing Act, 1957 (individual unfits) .....	4
(b) for other purposes (road improvements, etc.) .....	Nil
5. No. of temporary dwellings (huts, etc.) demolished .....	Nil
6. No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair) .....	Nil
7. No. of houses made fit during year .....	9
8. No. of unfit houses occupied under licence .....	1
9. <b>Rent Act, 1957 (1st Schedule)</b>	
Certificates of Disrepair:	
(a) No. of applications received.....	Nil
(b) No. of Certificates issued .....	Nil

	Houses erected during the year			Houses in course of erection			Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
	For Slum Clearance	For Other Purposes		For Slum Clearance	For Other Purposes			
Local Authority	5	13		12	34		—	—
Private Enterprise	—	10		—	9		—	—

Number of Post-War Houses erected from 1st April, 1945, to 31st December, 1960.

Housing Programme for 1961.

By Local Authority	By Private Enterprise	For Slum Clearance	For Other Purposes
454	112	24	55
(a) No. of temporary housing units occupied—	(i) Prefabs .....	Nil	
	(ii) Huts, etc.....	Nil	
(b) No. of houses found overcrowded.....		2	

### Houses required:—

(i) To replace houses scheduled for demolition .....	53
(ii) To abate overcrowding .....	1
(iii) For other purposes .....	93
(iv) (a) Total No. of applications for Council Houses at the end of year .....	293
(b) If applications classified give No. of urgent bona fide cases	93
Others .....	200
(v) Total No. of Council Houses sold during the year .....	Nil

No. of permanent dwellings in District as at 31.12.59	Gained from conversions and erected during 1960 (L.A. & P.E.)	Total	Less houses demolished, closed, etc., during year	No. of permanent dwellings in District as at 31.12.60
L.A. 578	18	596	Nil	L.A. 596
P.E. 1258	10	1268	7	P.E. 1261
				Nil

# Old People's Dwellings.

No. erected to 31.12.60		No. in course of erection		No. of Applicants for Old People's Dwellings
With County Council Aid	Without County Council Aid	With County Council Aid	Without County Council Aid	
38	Nil	Nil	Nil	80

## Improvement Grants.

### A. Discretionary.

(1) Received		(2) Approved	
Applications	No. of Dwellings	Applications	No. of Dwellings
7	7	7	7

NOTE—Number of applications approved in respect of owner/occupiers during year .....		7
Average cost per dwelling approved during year .....		£113
Amount of grant payable by Local Authority .....		£789

### B. Standard.

1. Number of applications	(a) Received .....	27
	(b) Approved .....	27
2. Number of houses where Standard Amenities have been provided		27



APPENDIX D—TABLE 4

	Meat Inspection					
	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	1000	3881	193	2374	7513	—
Number inspected	1000	3881	193	2374	7513	—
<b>All diseases except Tuberculosis and Cysticerci</b>						
Whole carcasses condemned	—	*4	+7	/10	†10	—
Carcasses of which some part or organ was condemned	179	2274	1	34	214	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	17.9%	58.7%	4.2%	1.8%	2.9%	—
<b>Tuberculosis only</b>						
Whole carcasses condemned	2	2	2	—	—	—
Carcasses of which some part or organ was condemned	10	97	—	—	180	—
Percentage of the number inspected affected with tuberculosis	1.2%	2.5%	1%	—	2.4%	—
<b>Cysticercosis</b>						
Carcasses of which some part or organ was condemned	12	27	—	—	—	—
Carcasses submitted to treatment by refrigeration	12	27	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—
Weight of meat condemned (in lbs.) for:—						
(a) Tuberculosis	668	1348	260	—	1800	—
(b) Cysticercosis	480	1080	—	—	—	—
(c) Other	—	2420	328	294	1006	—
Total (in lbs.) condemned	1148	4848	588	294	2806	—

\* 2 acute peritonitis, 1 pyaemia, 1 septicaemia.

+ 4 pyaemia, 2 septicaemia, 1 immaturity.

/ 5 oedema, 3 emaciation, 1 septicaemia, 1 multiple cysts.

† 3 septicaemia, 2 acute peritonitis, 2 oedema, 1 pyaemia, 1 emaciation, 1 acute swine fever.

Condemnation of part carcasses and offal due chiefly to affections of the liver including angioma, cirrhosis, abscesses and fluke. Other causes include actinomycosis (cattle), bruising and injury, pneumonia, pleurisy and pericarditis.

